								Application of Desired					
ı	PATENT APPLICATION FEE DETERMINATION REC							Application or Docket Number					
<u>,</u>	Effective October 1, 2001						- 1	II	1/2 (77./~	/7(<i>I</i> :		
1	CLAIMS AS FILED - PART I							<u>/ U</u>		10			
	(Column 1) (Column 2)						WALL	ENTITY	,	OTH	ER THAN		
	TOTAL CLAI	MS	100%	(Column 1) (Column 2)			TYPE OR SMALL ENTITY						
	FOR						RATE	FE	E	RATE			
11-			1	NUMBER FILED NUMBER EXTRA			ASIC FE	E 370.	·	R BASIC F			
11		GEABLE CLAIM	s 39	39 minus 20= *			X\$ 9=	17	ηA°				
#	NDEPENDENT							1/3	// º		╬		
Ľ	MULTIPLE DEF	PENDENT CLAIR	PRESENT	RESENT			X42=	12)	90	R X84=			
٠	* If the difference in column 1 is less than zero, enter "0" in column 2						140=		01	+280=			
	6.2.05 CLAIMS AS AMENDED - PART II							166	Ho	TOTAL			
10	いん・ひつ			4		OTHE	R THAN						
4		(Column 1 CLAIMS	THE STATE OF	(Column	2) (Column 3	3) S	MALL	ENTITY	OF	SMALI	ENTITY		
Ę		REMAINING AFTER		NUMBER PREVIOUS	PRESENT	11.	ATE	ADDI			ADDI		
K	Total	AMENDMEN		PAID FOR		1 L	MIE	TIONA		RATE	TIONAL		
AMENDMENT A	Independent	139	Minus	1.3	7 -0] x	\$ 9=/		OR	X\$18=	1		
₹	FIRST PRES	SENTATION OF	Minus	<u> </u>			#2=		7	1	 		
_		-	MOLTIPLE D	EPENDENT CL	AIM	J /			OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	╂╼╼╼┫		
	11-23	-05				/ L	40=.		OR	+280=			
	11.90	(Column 1)					TOTAL T. FEE		OR	ADDIT, FEE			
0		CLAIMS		(Column 2	(Column 3)	<u> </u>			_				
5		REMAINING AFTER		NUMBER PREVIOUSI	PRESENT			ADDI-	7		ADDI-		
¥	Total	AMENDMENT 2		PAID FOR	EXTRA		NTE	TIONAL _FEE		RATE	TIONAL		
AMENDMENT	Total Independent	+36	Minus	- 39	= /	X\$	9=		OR	X\$18=	FEE		
A		* C ENTATION OF M	Minus	1 *** 5	= /	X4	2=		1	X84=			
		10.1011	OLITPLE DE	PENDENT CLA	JM /	 	-		OR	A04=			
						+14	• 1		OR	+280=			
	•	40.1				ADDIT.	PEE _		OR ,	TOTAL ODIT, FEE			
		(Column 1) CLAIMS	2000 THE 18	(Column 2)	(Column 3)	ı			•				
<u>}</u>		REMAINING AFTER		NUMBER	PRESENT			ADDI-	Г		ADDI-		
		AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RAT	ET	IONAL		RATE	TIONAL		
	Total	*	Minus	##	=			FEE	-		FEE		
· -	ndependent	*	Minus	***		X\$ 9)= 		OR	X\$18=			
1	IRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT CLA	M	X42	=		OR	X84=			
n t	If the "Highest Number Providents Dead For the Column 2, write "0" in column 3.								OR	+280=			
"H Th	he "Highest Nun e "Highest Numb	nber Previously Pai per Previously Paid per Previously Paid	d For IN THIS	SPACE is less th	Nan 20, enter "20." Nan 3, enter "3."				OR AC	TOTAL DIT. FEE			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
M PTO-875 (Rev. 8/01)											ı		